



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 8391

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 09/171,732 | FILING DATE 10/08/1998 RULE | CLASS 602 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. 98123 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

MICHAEL STROBEL, MITTERFELS, GERMANY;

JURGEN EICHHORN, MITTERFELS, GERMANY;
KARL HAUSLADEN, STRUBING, GERMANY;** CONTINUING DATA ***** *OK MB* *****

This application is a CON of PCT/DE98/00328 02/06/1998

** FOREIGN APPLICATIONS ***** *OK MB* *****

GERMANY 297 02 186.9 02/08/1997

** SMALL ENTITY **

| | | | | | |
|--|--|--------------------------------|-------------------|----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY GERMANY | SHEETS DRAWING | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Examiner's Signature | Initials | | |

ADDRESS

THOMAS A VIGIL
 WELSH AND KATZ, LTD.
 120 SOUTH RIVERSIDE PLAZA
 22ND FLOOR
 CHICAGO, IL
 60606

TITLE

ORTHOPEDIC SPLINT

| | | |
|------------|--|--|
| FILING FEE | FEES: Authority has been given in Paper | <input type="checkbox"/> All Fees |
| RECEIVED | No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> 1.16 Fees (Filing) |
| 0.00 | No. _____ for following: | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |